

Excise Tax Unit  
Wisconsin Department of Revenue  
PO Box 8900  
Madison, WI 53708-8900  
(608) 266- 6701  
Fax (608) 261-7049

DEPARTMENT USE ONLY

TAX ACCOUNT NUMBER

DATE OF ISSUANCE

**AT-212: APPLICATION FOR  
VESSEL PERMIT**

DATE	TELEPHONE NUMBER (       )	SELLER'S PERMIT NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) — — — — —	SOCIAL SECURITY NUMBER  OR — — — — —
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Under the provisions of Secs. 125.27(2) and 125.51(5)(c), Wis. Stats. application is being made for

☐ Class "B" fermented malt beverage

☐ "Class B" intoxicating liquor to sell alcohol beverages at retail on the following described vessel:

**Section A**

OWNED AND OPERATED BY		NAME OF VESSEL	
REGULAR PLACE OF MOORING	PASSENGER CAPACITY	U.S. COAST GUARD CERTIFICATION NUMBER/AMERICAN BUREAU OF SHIPPING CLASS OR VERIFICATION OF LIABILITY INSURANCE	
FROM THE	DAY OF	20	THROUGH THE
			DAY OF
			20

**Section B**

APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)		
INDIVIDUAL OR PARTNERSHIP: (IF A PARTNERSHIP, ALL PARTNERS MUST BE LISTED)		
NAME	SS#	HOME ADDRESS
NAME	SS#	HOME ADDRESS
NAME	SS#	HOME ADDRESS
NAME OF CORPORATION OR LLC		STATE AND DATE OF INCORPORATION/REGISTRATION
IS APPLICANT CORPORATION A SUBSIDIARY OF ANY OTHER CORPORATION/OR LLC? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE NAME:		
OFFICERS AND DIRECTORS – AN AGENT MUST BE APPOINTED.		
PRESIDENT/MEMBER	SS#	HOME ADDRESS
VICE PRESIDENT/MEMBER	SS#	HOME ADDRESS
SECRETARY/MEMBER	SS#	HOME ADDRESS
TREASURER/MEMBER	SS#	HOME ADDRESS
AGENT	SS#	HOME ADDRESS

**Section C**

MAILING ADDRESS	STATE	ZIP
DESCRIBE AREA WHERE BEER AND/OR LIQUOR WILL BE SERVED AND STORED.		
NAME OWNER OF BAR FIXTURES AND STATE TERMS OF LEASE OR RENTAL.		
DOES THE APPLICANT UNDERSTAND A FEDERAL OCCUPATIONAL TAX STAMP MUST BE OBTAINED FOR THE SPECIFIED PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES THE APPLICANT UNDERSTAND THAT FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS MAY BE SOLD <b>ONLY</b> IF THE VESSEL LEAVES ITS PLACE OF MOORING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS THE APPLICANT AN EMPLOYEE OR AGENT OF, OR ACTING ON BEHALF OF ANYONE EXCEPT THE NAMED APPLICANT? IF YES, ATTACH A DETAILED EXPLANATION. <input type="checkbox"/> YES <input type="checkbox"/> NO		

## Section D

DOES THE APPLICANT, ANY MEMBER OF THE PARTNERSHIP, OFFICER, DIRECTOR, STOCKHOLDER OR AGENT HOLD ANY INTEREST IN ANY OTHER RETAIL BEER AND/OR LIQUOR LICENSE OR WHOLESALE BEER LICENSE OR LIQUOR PERMIT IN WISCONSIN?

☐ YES ☐ NO

IF YES, IDENTIFY:

NAME	LOCATION	TYPE OF LICENSE
DOES ANY RETAIL ALCOHOLIC BEVERAGE LICENSEE, WHOLESALE BEER LICENSEE OR WHOLESALE LIQUOR PERMITTEE OR ANY OFFICER, DIRECTOR, STOCKHOLDER OR SUCH PERMITTEE OR LICENSEE HAVE ANY INTEREST IN THIS LICENSE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, IDENTIFY:		
NAME	LOCATION	TYPE OF LICENSE

## Section E

### RENEWAL APPLICANTS ONLY:

DID THE SALE OF FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS ON THE VESSEL ACCOUNT FOR LESS THAN 50% OF THE GROSS RECEIPTS OF ALL THE FOOD AND BEVERAGES SERVED ON THE VESSEL?

☐ YES ☐ NO

DOES THE APPLICANT UNDERSTAND THAT ANY PERMIT ISSUED WILL BE VOID AND SUBJECT TO REVOCATION IF INDEBTED IN EXCESS OF 15 DAYS FOR FERMENTED MALT BEVERAGES OR 30 DAYS FOR INTOXICATING LIQUORS?

☐ YES ☐ NO

## Section F

Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the permit(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; designated corporate officers must sign.)

### SUBSCRIBED AND SWORN TO BEFORE ME

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(President of Corp./Partner/Individual)

\_\_\_\_\_  
(Secretary of Corp./Partner)

\_\_\_\_\_  
(Clerk/Notary Public)

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
(Additional Partner(s), If Any)

## NOTES:

Fees for vessel permits for Class "B" Beer and "Class B" intoxicating liquor permits:

Business tax registration fee (if applicable): \$20.00

Liquor – 2 years \$600.00

Beer – 2 years \$200.00

Liquor – 6 months each year for a period of 2 years \$300.00

Beer – 6 months each year for a period of 2 years \$0.00

These fees come due for renewal every 2 years.

Each individual, member of a partnership and officer and director of a corporation applying for a permit to sell alcohol beverages must complete a separate "Auxiliary Questionnaire" (page 3).

The schedule for "Appointment of Agent" (page 4) must be completed and submitted with this application.

The corporation must notify the department immediately of a change of agent and remit a fee of \$10.

## AT-212: AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title
Date of Birth	Place of Birth	Business or Occupation for Past Three Years	

☐ YES ☐ NO Have you been a continuous resident of Wisconsin for at least 90 days prior to the date of this application?

☐ YES ☐ NO Have you ever been convicted of violating federal or state laws or any municipal ordinance?  
If YES, check type violated → ☐ Federal ☐ State ☐ Municipal Ordinance  
(Attach explanation of any Yes answer.)

☐ YES ☐ NO Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?  
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

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*I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.*

<b>Your Signature</b> ▶	Date
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AT-212 (R. 12-13)

Wisconsin Department of Revenue

## AT-212: AUXILIARY QUESTIONNAIRE

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Date of Birth	Place of Birth	Business or Occupation for Past Three Years	

☐ YES ☐ NO Have you been a continuous resident of Wisconsin for at least 90 days prior to the date of this application?

☐ YES ☐ NO Have you ever been convicted of violating federal or state laws or any municipal ordinance?  
If YES, check type violated → ☐ Federal ☐ State ☐ Municipal Ordinance  
(Attach explanation of any Yes answer.)

☐ YES ☐ NO Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?  
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

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*I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.*

<b>Your Signature</b> ▶	Date
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AT-212 (R. 12-13)

Wisconsin Department of Revenue

## AT-212: SCHEDULE FOR APPOINTMENT OF AGENT

Each corporation applying for a Class "B" fermented malt beverage and/or "Class B" intoxicating liquor permit under Secs. 125.27(2) and 125.51(5)(c), Wis. Stats. must appoint an agent pursuant to Sec. 125.04(6), Wis. Stats.

- The agent must complete and sign Section 1.
- The appointment (Section 2) must be signed by the president and secretary of the corporation.
- The agent must also sign Section 3 once Section 2 is completed.
- The approval (Section 4) must be made by the proper local official.

### Section 1

NAME	ADDRESS	DATE OF BIRTH
NAME OF CORPORATION		OFFICIAL CAPACITY
OCCUPATION		
HAVE YOU BEEN A CONTINUOUS RESIDENT OF WISCONSIN FOR AT LEAST 90 DAYS PRIOR TO THE DATE OF APPOINTMENT AS AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF FEDERAL LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO STATE LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO LOCAL ORDINANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN FULLY ANY QUESTION ANSWERED YES.		
I DECLARE UNDER THE PENALTIES OF LAW THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE.		
AGENT SIGN HERE	SIGNATURE	DATE

### Section 2

#### APPOINTMENT OF AGENT

_____, APPOINTS _____ AS AGENT IN ACCORDANCE WITH SEC. 125.04(6), WIS. STATS., SUBJECT TO THE APPROVAL OF THE DEPARTMENT OF REVENUE.		
PRESIDENT SIGN HERE	SIGNATURE	DATE
SECRETARY SIGN HERE	SIGNATURE	DATE

### Section 3

#### ACCEPTANCE BY AGENT

I HEREBY ACCEPT APPOINTMENT AS AGENT FOR _____ AND ASSUME FULL RESPONSIBILITY FOR THE CONDUCT OF THE BUSINESS RELATIVE TO FERMENTED MALT BEVERAGES AND INTOXICATING LIQUOR.		
AGENT SIGN HERE	SIGNATURE	DATE

### Section 4

#### APPROVAL OF AGENT

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY PER SEC. 125.04(6)(a), WIS STATS.	THE APPOINTMENT ABOVE IS HERewith APPROVED.  _____, WI, _____ 20 ____  (SIGNATURE OF OFFICIAL)  _____  TITLE
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